

Vonda M. Wallace
Paralegal Specialist
FILING DATE

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

08/765623

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.		4				
TOTAL CLAIMS	5					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
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TOTAL CLAIMS						